

1.) CORPORATION NAME:

DUE DATE: **6/30/2011**

NATIONAL PLANNING CORPORATION

SCC ID NO: **F1342932**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 WILSHIRE BLVD, STE 1100

CITY/ST/ZIP: SANTA MONICA, CA 90401-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MAURA COLLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO		
ADDRESS:	401 WILSHIRE BLVD SUITE 1100		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401-		
NAME:	THOMAS J MEYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951-		
NAME:	JAMES LIVINGSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7601 TECHNOLOGY WAY		
CITY/ST/ZIP/CO:	DENVER, CO 80237-		
NAME:	LYNN NIEDERMEIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	401 WILSHIRE BLVD		
	STE 1200		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401-		
NAME:	SCOTT FORBUSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951-		

NAME:	SEAN HALEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	1ST VP		
ADDRESS:	401 WILSHIRE BLVD STE 1100		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401-		
NAME:	KIRSTEN BOSCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	1ST VP		
ADDRESS:	401 WILSHIRE BLVD STE 1100		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401-		
NAME:	JAMES KOMOSZEWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	1ST VP		
ADDRESS:	401 WILSHIRE BLVD STE 1100		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401-		
NAME:	JULIA GOATLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951-		
NAME:	ALFREDO GOMEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	401 WILSHIRE BLVD STE 1100		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401-		
NAME:	JEFF GRIFFITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	401 WILSHIRE BLVD STE 1100		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401-		
NAME:	MARY K HANK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	401 WILSHIRE BLVD STE 1100		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401-		
NAME:	JAMES GARRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951-		
NAME:	RUSLAN LEVIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	401 WILSHIRE BLVD STE 1100		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401-		

NAME:	TODD MANEVAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	1 CORPORATE WAY		
CITY/ST/ZIP/CO:	LANSING, MI 48951-		
NAME:	PATRICIA MCCALLOP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	401 WILSHIRE BLVD		
CITY/ST/ZIP/CO:	STE 1100 SANTA MONICA, CA 90401-		
NAME:	MICHAEL SCHAB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSIST VP		
ADDRESS:	401 WILSHIRE BLVD		
CITY/ST/ZIP/CO:	STE 1100 SANTA MONICA, CA 90401-		
NAME:	GERRY GUNDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	212 N 4TH STREET		
CITY/ST/ZIP/CO:	BISMARCK, ND 58501-		
NAME:	JOHN JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	401 WILSHIRE BLVD		
CITY/ST/ZIP/CO:	STE 1100 SANTA MONICA, CA 90401-		
NAME:	ALLAN AVENA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	401 WILSHIRE BLVD		
CITY/ST/ZIP/CO:	STE 1100 SANTA MONICA, CA 90401-		
NAME:	SUSAN E BOGGIONI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	401 WILSHIRE BLVD		
CITY/ST/ZIP/CO:	STE 1100 SANTA MONICA, CA 90401-		
NAME:	MARIA A CAPORALE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	401 WILSHIRE BLVD		
CITY/ST/ZIP/CO:	STE 1100 SANTA MONICA, CA 90401-		
NAME:	CRAIG LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	401 WILSHIRE BLVD		
CITY/ST/ZIP/CO:	STE 1100 SANTA MONICA, CA 90401-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA J LINDSLEY VICE PRESIDENT 401 WILSHIRE BLVD STE 1100 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL MILLER VICE PRESIDENT 401 WILSHIRE BLVD STE 1100 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AUSTIN MOON VICE PRESIDENT 401 WILSHIRE BLVD STE 1100 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK PAGE VICE PRESIDENT 401 WILSHIRE BLVD STE 1100 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VANESSA RODRIGUEZ VP / CONTROLLER 401 WILSHIRE BLVD STE 1100 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL WEISS VICE PRESIDENT 401 WILSHIRE BLVD STE 1100 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WENDY MARTINEZ VICE PRESIDENT 401 WILSHIRE BLVD STE 1100 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS J MEYER		THOMAS J MEYER, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			